POSITION	INITIALS	ID NO.	DATE
		71530	1/23
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		15	29 00
FORMALITY REVIEW	CM	71632	2/14/00
RESPONSE FORMALITY REVIEW	CM	71632	4-25-00

INDEX OF CLAIMS

✔ .... Rejected		N .... Non-elected
= .... Allowed		I .... Interference
— (Through numeral)... Canceled		A .... Appeal
÷ .... Restricted		O .... Objected

Claim (Final / Original)	Date	Claim (Final / Original)	Date	Claim (Final / Original)	Date
1		51		101	
2		52		102	
3		53		103	
4		54		104	
5		55		105	
6		56		106	
7		57		107	
8		58		108	
9		59		109	
10 ✔		60		110	
11 ✔		61		111	
12 ✔		62		112	
13 ✔		63		113	
14 ✔		64		114	
15 ✔		65		115	
16 ✔		66		116	
17 ✔		67		117	
18 ✔		68		118	
19 ✔		69		119	
20 ✔		70		120	
21 ✔		71		121	
22 ✔		72		122	
23 ✔		73		123	
24 ✔		74		124	
25 ✔		75		125	
26 ✔		76		126	
27 ✔		77		127	
28 ✔		78		128	
29 ✔		79		129	
30 ✔		80		130	
31 ✔		81		131	
32 ✔		82		132	
33 ✔		83		133	
34 ✔		84		134	
35 ✔		85		135	
36 ✔		86		136	
37 ✔		87		137	
38 ✔		88		138	
39 ✔		89		139	
40 ✔		90		140	
41 ✔		91		141	
42 ✔		92		142	
43		93		143	
44		94		144	
45		95		145	
46		96		146	
47		97		147	
48		98		148	
49		99		149	
50		100		150	

If more than 150 claims or 10 actions
staple additional sheet here

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